

Mitral Stenosis (M.S.)				Mitral Regurg (M.R.)	
■ Introduction for M.S. :	شكوته		Stages	هـ تسمع أيه بـ سماعتك ؟!	
	Dyspnea		1- Asymptomatic	M.S. Murmur Only	
	Low COP		2- Pulm. Congestion		
	Systemic Venous Congestion (Mainly Edema)		3- Pulmonary HTN	+ P. HTN	
		4- Rt. V.F.	+ if Rt. Vent Dilate → Retract the Tricuspid Ring → T.R. Murmur (may be heard)		
■ Etiology :				أسبابه كتييرة	
• Rheumatic Fever in 99% of cases This the ONLY Disease which ISOLATED LEISION in Rheumatic Fever				• The COMMONEST Cause in Egypt is Mitral Valve Prolapse, 2 nd Rheumatic Fever, 3 rd Ischemia	
■ Clinical	■ H/O :		• DYSPNEA (كرشة نفس ونهجان) → Low COP (دوخة وزغللة) → Systemic Congestion (Edema) المريض الوحيد اللي بـ يبدأ بـ كرشة نفس محترمة .. ولازم تهتم بيها وتعمل لها Stage (رفرفة) ± A.F.		
	■ General Examination :		• Pulse (for A.F.) 3 أرقام • Decubitus (for Orthopnea) 3 عامة • Edema in L.L. 3 موزعة (for Rt. Sided H.F.) • شوف خدوده لا يكون لونهم أحمر Malar Flush • what it the Mechanism "من النظري" • it's Not Specific • D.D. from Systemic Lupus → Butterfly Rash ع مناخيره كمان		
	■ Local Examination : (Inspection, Palpation & Percussion)		• Left Atrial Enlargement لازم يحصل ± Right Vent. Enlargement (Never Left Vent.) • Apex → Slapping Apex		
	■ Auscultation :	• Normal Sound	S1 : ↑ Accentuated • S1 may be Muffled in MS if there's Calcification or it's Double Mitral		
		• Murmur			
		• Time		Mid Diastolic with Pre-systolic Accentuation	
		• Character		Rumbling "يبرطم"	
		• Site		Apex	
	• Propagation		✗ Localized		
	• ↑↑ by		لما العيان : يميل على جنبه الشمال .. أو يعمل مجهود		
		+ Thrill			
• Additional Sounds		*Precaution : it's a LOW Pitch Sound .. Heard by the CONE + "حط السماعة خفيف"			
		• Opening Snap (O.S.)			
■ Complication				Search for A.F. & Pulmonary HTN in The Cases	
■ Investigations				• The Best Investigation is ECHO & DOPPLER	
1- ECG 2- X-ray 3- ECHO & DOPPLER • The Main 4 Points in ECHO Report are : - Valve Area (Assessment of Severity) - Pulmonary Pressure - Mitral Score - is there's a Thrombus or Not (By TEE)				4- Catheter : زمان "تقولها إذا الدكتور سأل عنها بس زمان" to detect if it's Reversible or Ir-reversible P. HTN - Reversible (due to V.C.) - while Ir-reversible (due to Fibrosis) هـ نخط القسطرة ونقيس الضغط لـ العيان .. وبعدين نحقن (Vaso-Dilator) ونقيس الضغط تاني .. إذا أختلف = Reversible	
■ Treatment				Interventional	
Medically				• Balloon-Mitral-Valvo-Plasty (Trans-Septal Technique) الأفضل	
The Initial Starting Treatment for these Cases is PROPHYLACTIC (Prevention of Rheumatic & IEC) "حسب الحالة فيها أيه"				Surgery	
• Rest, Salt Retention & Diuresis ... for Dyspnea					

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Pulmonary Hypertension (P. HTN)		
Stage 1: ++ Pressure in Pulmonary Artery	Stage 2: Dilatation of Pulmonary Artery withOut Dilatation of Pulmonary Valve	Stage 3: Retract the Pulmonary Valve (Pulmonary Valve Regurg)
Accentuated S2 & Diastolic Shock ± Palpable S2 S1 S1	Accentuated S2 S1 S1 Systolic MURMUR	Accentuated S2 S1 S1 Diastolic MURMUR
& you can Find a Pulmonary Pulsation & Dullness		
		Diastolic MURMUR of Pulmonary Valve Regurg = Graham Steell Murmur [is a heart murmur typically associated with pulmonary regurgitation. It is a high pitched early diastolic murmur heard best at the left sternal edge in the second intercostal space with the patient in full inspiration] This Murmur is in Unstable Patient (so, Actually You will NOT hear it)